



# State of Louisiana

Louisiana Department of Health  
Office of Public Health

PAYMENT REQUESTED FOR: \_\_\_\_\_ \$100 Death Scene Investigation (done 24 hrs.)

\_\_\_\_\_ \$ 500 Autopsy (external, internal, microscopic,  
toxicology & summary report)

Coroner's Office: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Case No: \_\_\_\_\_ Date of Death \_\_\_\_\_

Certified Investigator: \_\_\_\_\_

Autopsy Conducted By: \_\_\_\_\_

Forensic Pathologist:  Calcasieu  Forensic Pathology, Inc.  LA Forensic Center  
 Jefferson  Orleans  St. Tammany  LSUHSC

Make check payable to: \_\_\_\_\_ Vendor's Name

\_\_\_\_\_ Vendor's Fed Tax ID#. Date mailed: \_\_\_\_\_

**Note:** A W-9 form must be completed for the Vendor in order for payment to be made. Please return it with your invoice; unless you have previously submitted the W-9.

**Mail/Fax invoice, autopsy, and/or investigation report, and W-9, if necessary, to:**

Amy Zapata, MPH  
Louisiana Child Death Review  
Office of Public Health  
1450 Poydras Street, Ste. 20325  
New Orleans, LA 70112

Telephone: 504-568-3504  
Fax: 504-568-3503

Approved for Payment by: \_\_\_\_\_ Date \_\_\_\_\_  
Amy Zapata, MPH – Director Bureau of Family Health  
Louisiana Child Death Review Medical Director

**ORGANIZATION CODE 7620 REPORTING CATEGORY 0010**

OBJECT 3440 [ ]

OBJECT 3460 [ ]

revised 01/21/2016